

# STATE OF MONTANA



## STATEMENT of CHANGE of REGISTERED AGENT and/or REGISTERED OFFICE

**MAIL TO: MIKE COONEY**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
Phone: (406 ) 444-3665

Please prepare form, sign and submit with fee.  
(This space for use by the Secretary of State only)

Form: SOC  
Filing Fee: \$ 5.00

For the purpose of having and continuously maintaining a registered agent at a registered office **within the State of Montana**, the undersigned submits the following statements of fact to the Secretary of State:

- ☐ Corporation (35-1-314, 35-1-1033, 35-2-310, 35-2-828, MCA)
- ☐ Limited Liability Company (35-8-105, MCA)
- ☐ Limited Partnership (35-12-507, MCA)

1. **The exact name of the entity** (please check one box above): \_\_\_\_\_

### *Newly Appointed Registered Agent Information*

2. **The name of the newly appointed registered agent:** \_\_\_\_\_

3. **The street and mailing address of the newly appointed registered office** (must be in Montana):

\_\_\_\_\_  
\_\_\_\_\_

(Include street name and number or physical location in addition to box number with the city and zip)

**Signature of consent of new agent** (required if changed): ✓ \_\_\_\_\_

4. **The name of the former registered agent:** \_\_\_\_\_

5. **The street and mailing address of the former registered office:**

\_\_\_\_\_  
\_\_\_\_\_

(Include street name and number or physical location in addition to box number with the city and zip)

6. The undersigned further states that the street address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. By my signature, I, as an official of the above corporation, do state that I signed this statement on behalf of the corporation and that the statements contained therein are true, under penalty of false swearing.

✓ \_\_\_\_\_

Signature of Officer or Authorized Person

\_\_\_\_\_ Dated

\_\_\_\_\_  
Printed Name and Title of above Authorized Person